## Los Angele County Sheriff's Department Supervisor's Report on Use of Force Page 1 of 5

			Incident Inforr	nation					
	URN: 0 1 8 - 1 5	3 5 9 - 2 8 2	2 3 - 1 5 1	Date: 10	0/24/18	Time:	1912	Hours	
	Location: 809 Eas	t Rosecrans Avenu	ue, Compton	City or Station:		Compt	on		
	Bureau/Station/Facility:	Central Patrol	Division / Compto	on Station	Admin. Inve	stigation:	O YE	s 💿 no	
	Type of Force: Persona	al Weapons (Hand/	Arm/Other) / Cont	rol Holds (Co	ntrol Techniq	jues) / F	Restraint	Device	
	Incident Category :	1 02 •3	Deputy In	jury:    YES		ect Injury	/	s O NO	
	☐ Call			Detail				Pursuit	
	IAB Notified:   YES	NO Person Notified:	Sergeant Barro		I	AB Roll C	Out	ES O NO	
E_1_	Employee # Last Name	Cuevas		t Name	dgar	Mic	idle I. S.	Rank DSG	
	Sex: Race:	Height: Weight:	Age: Shift:						
	● M ○ F H	510 200	() EI		PM  Regula	ir Shift	OT Shift (	Off Duty	
	Unit of Assignment: Compton S	tation	Work Assignment (Uni	t #, Module, etc.):	284D				
	Individual Force Used:	tation	L			-	Individual C	ategory	
	Personal Weapons	/Control Holds/Res	straint Device	Oirected F	Rescue ( Medica	l Assist (	<u>)1                                    </u>		
	Injured Treated	Admitted Facility:		N/A			Coroner <b>N</b>		
<b>E</b> 2	Employee # Last Name		Firs	t Name		Mic	idle I.	Rank DSG	
	Sex: Race:	Height: Weight:	Age: Shift: Et	M O Day	PM Regula	r Shift	OT Shift (	Off Duty	
	Unit of Assignment:	509   183	Work Assignment (Uni						
	Compton St	tation	VVOIR Assignment (On	, wioddie, etc.).	284D				
	Individual Force Used:	Nonnana/Cantral III	lalda	ıl Assist	Individual Category  1  2  3				
	Personal v	Neapons/Control H			Coroner Case #				
	Injured Treated	Admitted Facility:	N/A				N/A		
<b>E</b> 3	Last Name	Garcia		t Name Mi	guel	Mic	ddle I. A	Rank B-1	
	Sex: Race:	Height: Weight: 511 192	Age: Shift: E	M O Day	PM Regula	ar Shift (	OT Shift	Off Duty	
	Unit of Assignment:	1 311   132	Work Assignment (Unit #, Module, etc.):						
	Compton S	tation	285D						
	Individual Force Used: Personal V	Neapons/Control H	lolds	al Assist	Individual Category				
	☐ Injured ☐ Treated	Admitted Facility:		N/A			Coroner		
	⊠ injured ☐ freated	Admitted Facility.	On Duty Supervisor					/A ed Employees	
	Emp_# Last Nam	ie F	irst Name	Middle		Present S O NO	Witnes	s to Incident	
			Supervisor Completi		n				
	Emp_# Last Nam	ne F Johnson	First Name Steven	Middle M.	e I. Rank SGT YE	Present S O NO		s to Incident	
	Emp Last Nam	ne F	ch Commander / Sup First Name	ervising Lieute Middl	el. Rank				
		Jones	Robert		. <u>LT</u>				
	Watch Commander / Super		nature:	Date Co	py Provided to	Employ	ee by:	Emp #:	
	Unit Commander (Print N	Namo)	Linit Comm	nander's Signa	ituro'		np #:	Date	
	DISCOVERY Use Only	200		•	Original: Di		•	Date	
	FO#		PPI REVIEW CO	WIPLETED	Copy: Unit			38P (Rev. 01/13)	
	74010H	\							

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

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	Involved Employee												
E_4	E ***	Last Name					Name		N	Aiddle .	Rank DSG		
	Sex:  M O F	Race:	Height: 509	Weight: 175	Age:	Shift:	1 O Day	<ul><li>PM</li></ul>	Regular Shift (	OT Shift	Off Duty		
	Unit of Assignme	nt:			Work Ass	signment (Unit	#, Module,	•					
l	Co	ompton S	tation					28	5D				
	Individual Force U		Control Ho	lds			C Directed	i ( Rescu	ue ( Medical Assist	Individual Category  1 2 3			
	Injured	Treated	Admitted	Facility:			N/A			Coroner Case # N/A			
<b>E</b> 5	E	Last Name				First	Name		N	1	Rank DSG		
乛	Sex:  M O F	Race:	Height:	Weight:	Age:	Shift:	1	○ PM	Regular Shift (	OT Shift	Off Duty		
ŀ		Н	511	185		L					<u> </u>		
	Unit of Assignmen		4 - 4'		Work Ass	signment (Unit	#, Module,		0.5				
ŀ		ompton S	tation		L				85	Individual Category			
	Individual Force Used:  Control Holds/Restraint Device: Hobbl					e (Legs Only)  Directed Rescue Medical Assist							
Ī	Injured	Treated	Admitted	Facility:			N/A				er Case # N/A		
<b>E</b> 6	B	Last Name				Firs	Name		N	Ministral.	Rank DSG		
	Sex: ○ M ● F	Race:	Height: 506	Weight: 145	Age:	Shift: EN	1 ODay	<ul><li>PM</li></ul>	Regular Shift(	OT Shift	Off Duty		
	Unit of Assignme				Work Ass	signment (Unit	#, Module,		0.7.4				
	Individual Force U	ompton S	tation					28	3T1	Individuo	Cotocon		
	individual Force C		Control Ho	lds	C Directed C Rescue C Medical Assist					Individual Category  1 2 3			
	Injured	Treated	Admitted	Facility:	N/A					Coroner Case # N/A			
	Employee #	Last Name				Firs	Name			/liddle I.	Rank		
	Sex:	Race:	Height:	Weight:	Age:	Shift:	1 O Day	○ РМ	Regular Shift(	OT Shift	Off Duty		
	Unit of Assignme	nt:			Work Assignment (Unit #, Module, etc.):								
ł	Individual Force U	lsed:					0				Category		
							( Directed	1 ( Rescu	ue ( Medical Assist		)2		
	Injured	Treated	Admitted	Facility:		Fire	None			Aiddle I	Dank		
<u> </u>	Employee #	Last Name	T. 11-1-1-1-1	l Mainht	1 422		Name		T	Middle I.	Rank		
	Sex:	Race:	Height:	Weight:	Age:	Shift: EM	1 ODay	○ PM	Regular Shift(	OT Shift	Off Duty		
	Unit of Assignme	nt:			Work As:	signment (Unit	#, Module,	etc.):					
	Individual Force U	Jsed:					C Directed	d ( Rescu	ue ( Medical Assist	_	Category		
	Injured	Treated	Admitted	Facility:						Coron	er Case #		

#### Supervisor's Report on Use of Force SUSPECT INFORMATION

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					Suspe	ct Informatio						
<b>S</b> 1	Last Name Magdal	eno		First Name	Angel		Middle Na	<sub>ame</sub> Sebastian	Armed?	Select (Handgun)		
	AKA Last Name		odrigue			Name	Ang		Middle Name			
	Sex:	Race:	Age:	Height:	Weight	D.O.B:			O C Phone	#2: O H O W O C		
	Male		23	509	150	10/06/95	1110	vv	O C I Hone	#2. O . O w O c		
	Street Address:					City:			State & Zip C	ode.		
	Booking #: 545644	17 Prim	ary Char	ge Code:	29800(a)	1 PC Secon	ndary Cha	arge Code: 345	55(b)1 PC	Criminal History		
	Treated on Scene?	YES ①	NO Nar	<sub>me:</sub> Ca	ptain He	ndersen	Unit:	Engine 421	(310) 632-1634			
	Hospital Admission?	Rec'd Tr	eatment /	At: Lake	ewood Re	egional (	Coroner C	ase #:N/A	Mental H	History User's guide provides direction on this entry		
	ву: Dr. Reynolds/	Dr. Perl	man A	Address:3	3700 E S	outh St, La	kewoo	d, CA 90712	Phone #:	(562) 531-2550		
	Under Influence:   Y	ES ON	0 s	ubstance:	Marijuana		5150 a factor in force? YES NO dir					
	Date: 10/25/18	Time: 0	250	Audio		Videotape:		Photos of Injur	ries:	ADMITS HEARING ANNOUNCEMENTS		
	Last Name			First Name	Susp	ect Informat	ion Middle N	ame	_Armed?	Select		
<u> ၈</u>												
	AKA Last Name				First	Name			Middle Name			
	Sex:  Male Fema	Race:	Age:	Height:	D.O.B.	Weight:	Phone #	#1: ○ H ○ W	O C Phone	:#2: ○ H ○ W ○ C		
	Street Address:		1		_l	City:	1		State & Zip (	Code:		
	Booking #:	ge Code:		Seco	ndary Ch	arge Code:		Criminal History				
	Treated on Scene?	YES (	NO E	Ву:		Unit:			Phone #:			
	Hospital Admission?	Rec'd Tr	eatment	At:		(	Coroner C	Case #:	Mental	Mental History User's guide provides direction on this entry		
	Ву:			Address:					_ Phone #: _			
	Under Influence: O	ES O	10 S	ubstance:				5150 a factor in fo	orce? O YES	e? YES NO User's guide provides direction on this entry		
	Date:	Time:		Audio		☐ Videotape:		Photos of Inju	ries:	ADMITS HEARING ANNOUNCEMENTS		
	Last Name			First Name	Suspe	ct Informatio	Middle N	ama	Armed?	Salact		
<b>S</b>	Last Name			FIIST IVALLE			Wildule N			. TA . IX A		
	AKA Last Name				First	Name			Middle Name			
	Sex: Male Fema	Race:	Age:	Height:	D.O.B.	Weight:	Phone #	#1: ○ H ○ W	O C Phone	:#2: ○ H ○ W ○ C		
	Street Address:			L	I	City:			State & Zip (	Code:		
	Booking #: Primary Charg					Seco	ndary Ch	arge Code:		Criminal History		
	Treated on Scene?	NO E	Ву:			Unit:						
	Hospital Admission?	Rec'd Ti	reatment	At:			Coroner Case #: Mental History User's guide providencion on this c					
	Ву:			Address:					Phone #:			
	Under Influence:	res ()	10 s	Substance:				5150 a factor in fo	orce? O YES	NO User's guide provides direction on this entry		
	Date:	Time:		☐ Audio	otape:	Videotape:		Photos of Inju	ries:	ADMITS HEARING		
	23.0.									ANNOUNCEMENTS Suspects Involved		

### Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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			En	nployee Witness	es						
Emp_#	Last Name			First Name	Danella		Middle N				
Unit of Assignment:	1	Ben:	ZOr Assignment (Unit #,	Modulo eta):	Rogelio  Shift:	·		J.			
Compton S	Station	VVOIK	287D1	-		O Day  PM	<b>●</b> Re	egular 🔘	OT Off Duty		
Emp. #	Last Name		20/12	First Name		_	Middle N	ame			
Unit of Assignment:		Work	Assignment (Unit #,		Shift: EM	Day		autor	OT Off Duty		
Compton S	Last Name		280S	First Name	Elvi	Day	Middle N	egular	OT Outy		
Emp.#	Last Name			riist Name			Middle N	iame			
Unit of Assignment:		Work	Assignment (Unit #,	Module, etc.):	Shift:						
					☐ EM	O Day PM	○R	egular 🔘	OT Off Duty		
				Employee Witne							
Last Name			First Name		Middle	Name		Age	D.O.B.		
Ott Add			l	l cin.		7in Codo	Phone #		Phone #2		
Street Address				City		Zip Code	Phone #	''	Priorie #2		
Last Name			First Name	<u> </u>	Middle	Namo		Age	D.O.B.		
Last Name			riist Name		Middle	Name		Age	Б.О.В.		
Street Address			L	City		Zip Code	Phone #	1 1	Phone #2		
Street Address				City		Zip Code	i none #	'	Hone #2		
Last Name			First Name		Middle	Name		Age	D.O.B.		
Last Name			First Name		Ivildule	Name		Age	В.О.В.		
Oleran Address				Cit.		Zip Code	Phone #	1 1	Phone #2		
Street Address				City		Zip Code	Phone #	' ľ	-none #2		
Last Name			First Name		Middle	Name		Age	D.O.B.		
Last Name			First Name		Wilddie	Name		90	D.O.B.		
Street Address				City		Zip Code	Phone #	1 Ti	Phone #2		
Officer Address				O.Ly		2.6 0000		· [			
Last Name		-	First Name		Middle	Name	-	Age	D.O.B.		
								Ū			
Street Address			<u> </u>	City		Zip Code	Phone #	1	Phone #2		
				-							
Last Name			First Name		Middle	Name		Age	D.O.B.		
Street Address				City		Zip Code	Phone #	1 [	Phone #2		
Last Name			First Name		Middle I	Name		Age	D.O.B.		
		- 1									
Street Address				City		Zip Code	Phone #	1 F	Phone #2		
Last Name			First Name		Middle	Name		Age	D.O.B.		
Street Address	Street Address City Zip Code Phone #1 Phone #2										
Last Name			First Name		Middle I	Name		Age	D.O.B.		
Street Address				City		Zip Code	Phone #1	I F	Phone #2		
								Addit	tional Witness		

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Supervisor's Report on Use of Force
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#### Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(RO)	Restraint Device (Other)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(IR)	Less Lethal Impact Round (other)
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative
	-			(HR)	High Risk

Type of Injury	Body Part Involved									
(AB) Abrasion (BR) Bruise (BU) Burn (CP) Complaint of Pain (CO) Concussion (DH) Death (DI) Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(PW) (SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	(AK) (AR)	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(SH)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

FORCE USED	ву	FORCE USED AG	AINST	Method	Type of Injury	Body Part	
Name	E# or S#	Name E# or S#		(Code)	(Code)	(Code)	
Magdaleno	S#1	Cuevas	E#1	HR	NN	HD	
Cuevas	E#1	Magdaleno	S#1	PH	BR	FA	
	E#2	Magdaleno	S#1	PO	NN	AD	
Magdaleno	S#1	Cuevas	E#1	RS	NN	AR	
Garcia	E#3	Magadaleno	S#1	CT	NN	AR	
	E#4	Magdaleno	S#1	CT	NN	AR	
Magdaleno	S#1	Garcia	E#3	RS	NN	SH	
Garcia	E#3	Magdaleno	S#1	PH	BR	FA	
Magdaleno	S#1	Garcia	E#3	RS	NN	AR	
Garcia	E#3	Magdaleno	S#1	PH	BR	HE	
Magdaleno	S#1		S#5	PK	NN	LE	
	E#5	Magdaleno	S#1	CT	NN	LE	
	E#6	Magdaleno	S#1	CT	NN	LE	
Cuevas	E#1	Magdaleno	S#1	RH	NN	WR	
	E#5	Magdaleno	S#1	HB	NN	LE	